

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>		<i>3/18/60</i>
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>32</i>	<i>3/23</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>59158</i>	<i>5-16-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/1/62
2	2/14/63
3	8/14/63
4	11/15/63
5	4/5/63
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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